

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
02-010

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
1-1-03

5. TYPE OF STATE PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1931 and Section 1903(f) (1)(B)(i) of the Social Security Act
And 42 CFR 435.1007

7. FEDERAL BUDGET IMPACT:
a. FFY \$
b. FFY \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Supplement 2.6 pages 8 – 9(d)
Attachment 2.6-A, Supplement 12 Pages 1-5

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If applicable)

Attachment 2.6-A, Supplement 2.6 pages 8 – 9(d)
Attachment 2.6-A, Supplement 12 Pages 1-5

Connecticut (02-010)
Approved: 02/03/03
effective: 01/01/03

10. SUBJECT OF AMENDMENT: Eligibility under 1931 of the Act

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Comments, if any, to follow.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Rita M. Pacheco

13. TYPED NAME: Rita M. Pacheco

14. TITLE: Deputy Commissioner

15. DATE SUBMITTED:
November 27, 2002

16. RETURN TO:

State of Connecticut
Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033
Attention: Cuyler Massicotte

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/11/02

18. DATE APPROVED: 02/03/03

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
01/01/03

20. SIGNATURE OF REGIONAL OFFICIAL:

Richard R. McGreal

21. TYPED NAME:
Richard McGreal

22. TITLE: Acting Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

STATE PLAN UNDER TITLE XIX IF THE SOCIAL SECURITY ACT

State: Connecticut

ELIGIBILITY UNDER 1931 OF THE ACT

The State covers low-income families under section 1931 of the Act.

The following groups were included in the AFDC State Plan effective July 16, 1996:

 X Pregnant women with no other eligible children.

 X AFDC children age 18 who are full time students in a secondary school or in the equivalent level of vocational or technical training.

 In determining eligibility for Medicaid, the agency uses the AFDC standards and methodology in effect as of July 16, 1996 without modification.

 X In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, with the following modifications:

 The agency applies lower income standards than those in effect as of May 1, 1988, as follows:

 X The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increase in the CPI-U since July 16, 1996, as follows:

Effective October 1, 2002 the agency increased the income standard. The new income standard is 7.5% (rounded up to the next whole dollar) more than the standard in effect as of July 16, 1996. The CPI-U increase since that date was 15.3%.

STATE PLAN UNDER TITLE XIX IF THE SOCIAL SECURITY ACT

State: Connecticut

ELIGIBILITY UNDER 1931 OF THE ACT

ASSISTANCE UNIT SIZE	<u>REGION A</u>	<u>REGION B</u>	<u>REGION C</u>
1	\$ 433	\$ 358	\$ 358
2	\$ 552	\$ 477	\$ 477
3	\$ 684	\$ 584	\$ 577
4	\$ 797	\$ 687	\$ 669
5	\$ 898	\$ 786	\$ 762
6	\$1,006	\$ 890	\$ 866
7	\$1,118	\$1,003	\$ 972
8	\$1,229	\$1,109	\$1,077
9	\$1,321	\$1,200	\$1,168
10	\$1,442	\$1,312	\$1,300
11	\$1,499	\$1,368	\$1,355
12	\$1,628	\$1,499	\$1,485
13	\$1,667	\$1,558	\$1,525
14	\$1,784	\$1,654	\$1,642
15	\$1,885	\$1,756	\$1,744
16	\$1,941	\$1,811	\$1,798
17	\$2,025	\$1,895	\$1,882
18	\$2,107	\$1,978	\$1,966
19	\$2,191	\$2,060	\$2,049
20	\$2,275	\$2,145	\$2,133

_____ The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increase in the CPI-U since July 16, 1996, as follows:

 X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

Income Methodologies

Child Support: The first \$100 per month of current child support income received by the family is disregarded whether paid directly to the family or through the department. All other current child support income is counted in determining eligibility.

STATE PLAN UNDER TITLE XIX IF THE SOCIAL SECURITY ACT

State: Connecticut

ELIGIBILITY UNDER 1931 OF THE ACT

Dependent Child Earnings: Earned income of a dependent child who is a student, either part-time or full-time, is disregarded in determining eligibility.

Disregard of Awards: Financial awards received by a recipient for educational attendance, attaining certain grade levels, or attainment levels (e.g., increased reading level) is disregarded as income or as a resource in determining eligibility.

Gross Income Test: Eligibility is determined without regard to the 185 percent gross income test.

Earned Income Deductions: Deductions are allowed for employment expenses and day care costs. The amount allowed for employment expenses is \$90 per month per employed person. The amount allowed for day care is the amount obligated up to a maximum of \$200 for a child under age one and \$175 for all others needing day care. Day care is allowed as a deduction whether paid by the family or by a state agency.

Income Disregard: Otherwise countable Income between the CNIL and the 150% of the federal poverty level is disregarded.

Increased Income Disregards: For families receiving benefits under section 1931, all income is disregarded for twelve months from the date the family would otherwise become ineligible provided the family has earnings at that time. For families that do not have earnings at the time they become otherwise ineligible for benefits under section 1931 but who become employed within six months of ineligibility, all income will be disregarded beginning the month the employment began and ending twelve months from the date the family became ineligible.

Increased Child Support Disregards: For families receiving benefits under section 1931 that do not have earned income and become otherwise ineligible due to increased child support payments, all income is disregarded for twenty months from the date the family would otherwise become ineligible.

Resource Methodologies

All resources are disregarded.

STATE PLAN UNDER TITLE XIX IF THE SOCIAL SECURITY ACT

State: Connecticut

ELIGIBILITY UNDER 1931 OF THE ACT

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

Income Methodologies

Child Support: For AFDC, the first \$50 per month of current child support income received by the family is disregarded whether paid directly to the family or through the department. All other current child support income is counted in determining eligibility.

Dependent Child Earnings: For AFDC, earned income of a dependent child who is a full-time student is disregarded for six months in determining eligibility.

Disregard of Awards: For AFDC, financial awards received by a recipient for educational attendance, attaining certain grade levels, or attainment levels (e.g., increased reading level) are counted income in determining eligibility.

Gross Income Test: For AFDC, if gross income exceeds to 185% of the Standard of Need, the family is ineligible.

Earned Income Disregard: For AFDC, \$90 is deducted from the gross earnings and a disregard of \$30 plus 1/3 of the remainder is given for the first four months of employment. Then, \$90 plus \$30 is disregarded for the next eight months. After that only \$90 is disregarded from earned income. The remainder is counted in determining eligibility.

Income Disregard: For AFDC, there is no disregard of countable income.

Resource Methodologies

Countable resources include all but the following:

1. Home property
2. Essential household items and personal effects
3. Burial plots
4. Assets of a trade or business which are essential to self-support
5. Non-business assets essential to self-support
6. Assets necessary to fulfill a plan for achieving self-support

STATE PLAN UNDER TITLE XIX IF THE SOCIAL SECURITY ACT

State: Connecticut

ELIGIBILITY UNDER 1931 OF THE ACT

7. Payments excluded by federal law
8. Burial funds and arrangements up to \$1,200
9. Irrevocable burial funds
10. Non-home property (up to nine months pending sale)
11. Up to \$1,500 of the equity value of one motor vehicle

_____ The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

X The agency continues to apply the following waivers of provisions of Part A of title IV in effect as of July 16, 1996 or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

Deprivation: Deprivation in a two-parent household regardless of how many hours the principal wage earner is employed. The 100 hour rule has been eliminated.

Deemed Income: The amount of income from stepparents, ineligible parents and spouses, and parents of pregnant minors and minor parents counted as income to the applicant/recipient family is determined as follows. One hundred percent of the Federal Poverty Guidelines is subtracted from the person's income. The remainder is deemed available to the applicant/recipient family. If deeming beyond parent-to-child or spouse-to-spouse causes ineligibility of the entire family, the family is divided into sub-units and income is not deemed to anyone who is not a child or spouse of the deemor.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDY

X Applicable to all groups.

 Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.

Region A

(1)	(2)	(3)	(4)	(5)
Family size	Net income level protected for maintenance for <u> </u> months	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007 ¹	Net income level for persons living in rural areas for <u> </u> months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 ¹

☐ Urban only

☒ Urban and rural

1	\$ 575.89	\$	\$	\$
2	\$ 734.16	\$	\$	\$
3	\$ 909.72	\$	\$	\$
4	\$1,060.01	\$	\$	\$
For each additional person add:	\$	\$	\$	\$

¹ The agency has methods for excluding from its claim for FFP payments made on behalf of individual whose income exceeds these limits.

TN No. 02-010 Approval Date Effective Date 1-1-03

Supersedes
TA No. 95-015

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDY

X Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.

Region A (continued)

(1)	(2)	(3)	(4)	(5)
Family size	Net income level protected for maintenance for _____ months	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007 ¹	Net income level for persons living in rural areas for _____ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 ¹

☐ Urban only

☒ Urban and rural

5	\$1,194.34	\$	\$	\$
6	\$1,337.98	\$	\$	\$
7	\$1,486.94	\$	\$	\$
8	\$1,634.57	\$	\$	\$
9	\$1,756.93			
10	\$1,917.86			
For each additional person add:	\$	\$	\$	\$

¹ The agency has methods for excluding from its claim for FFP payments made on behalf of individual whose income exceeds these limits.

TN No. 02-010 Approval Date 7/5 Effective Date 1-1-03

Supersedes
TA No. 95-015

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDY

X Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.

Region B

(1)	(2)	(3)	(4)	(5)
Family size	Net income level protected for maintenance for _____ months	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007 ¹	Net income level for persons living in rural areas for _____ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 ¹

☐ Urban only

☒ Urban and rural

1	\$476.14	\$	\$	\$
2	\$634.41	\$	\$	\$
3	\$776.72	\$	\$	\$
4	\$913.71	\$	\$	\$
For each additional person add:	\$	\$	\$	\$

¹ The agency has methods for excluding from its claim for FFP payments made on behalf of individual whose income exceeds these limits.

TN No. 02-010 Approval Date _____ Effective Date 1-1-03

Supercedes

TA No. 95-015

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDY

X Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.

Region B (continued)

(1)	(2)	(3)	(4)	(5)
Family size	Net income level protected for maintenance for _____ months	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007 ¹	Net income level for persons living in rural areas for _____ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 ¹

☐ Urban only

☒ Urban and rural

5	\$1,045.38	\$	\$	\$
6	\$1,183.70	\$	\$	\$
7	\$1,333.99	\$	\$	\$
8	\$1,474.97	\$	\$	\$
9	\$1,596.00	\$	\$	\$
10	\$1,744.96	\$	\$	\$
For each additional person add:	\$	\$	\$	\$

¹ The agency has methods for excluding from its claim for FFP payments made on behalf of individual whose income exceeds the limits.

TN No. 02-010 Approval Date 1-1-03 Effective Date 1-1-03

Supersedes
TA No. 95-015

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDY

X Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.

Region C

(1)	(2)	(3)	(4)	(5)
Family size	Net income level protected for maintenance for _____ months	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007 ¹	Net income level for persons living in rural areas for _____ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 ¹

☐ Urban only

☒ Urban and rural

1	\$476.14	\$	\$	\$
2	\$634.41	\$	\$	\$
3	\$767.41	\$	\$	\$
4	\$889.77	\$	\$	\$
For each additional person add:	\$	\$	\$	\$

¹ The agency has methods for excluding from its claim for FFP payments made on behalf of individual whose income exceeds the limits.

TN No. 02-010 Approval Date _____ Effective Date 1-1-03

Supersedes
TA No. 95-015

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDED

X Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.

Region C (continued)

(1)	(2)	(3)	(4)	(5)
Family size	Net income level protected for maintenance for _____ months	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007 ¹	Net income level for persons living in rural areas for _____ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 ¹

☐ Urban only

☒ Urban and rural

5	\$1,013.46	\$	\$	\$
6	\$1,151.78	\$	\$	\$
7	\$1,292.76	\$	\$	\$
8	\$1,432.41	\$	\$	\$
9	\$1,553.44	\$	\$	\$
10	\$1,729.00	\$	\$	\$
For each additional person add:	\$	\$	\$	\$

¹ The agency has methods for excluding from its claim for FFP payments made on behalf of individual whose income exceeds these limits.

TN No. 02-010 Approval Date _____ Effective Date 1-1-03

Supercedes
TA No. 95-015